


PARTS, FORM, AND CONTENT OF APPLICATION

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PTO/SB/01 (3-97)
Approved for use through 9/30/98. OMB 0851-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing

Attorney Docket Number	RS50
First Named Inventor	R. SMITH
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

I, the below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

RECIRCULATING MEDIUM TURBINE

(Title of the invention)

the specification of which

☒ is attached hereto OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application for which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisions: application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 308(c) of any PCT international application designating the United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SU-075 attached hereto.

As a United States inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number <input type="text"/> OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below		Place Customer Number Bar Code Label here	
Name	Registration Number	Name	Registration Number
Robert S. Smith	31303		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SU-072 attached hereto.

Direct correspondence to ☐ Customer Number OR ☐ Correspondence address below

Name	ROBERT SAMUEL SMITH		
Address	1263 EMORY ST.		
City	SAN JOSE	State	CA
Country	USA	Telephone	408 2871894
		Zip	95126

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like on made on application or any patent based thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (Print and include initials)		Family Name or Surname	
ROBERT SAMUEL		SMITH	
Inventor's Signature	Robert Samuel Smith		Date
Residence: City	SAN JOSE	State	CA
Country	USA	City/County	USA
Post Office Address	1263 EMORY ST.		
Post Office Address			
City	SAN JOSE	State	CA
Country	USA	Zip	95126

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